

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Abdelaziz Ikhlef

SERIAL NO.: 10/064,590

FILED: July 29, 2002

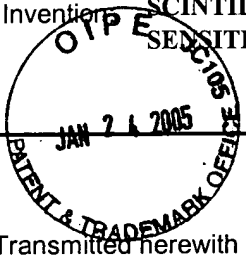
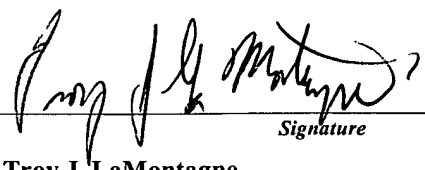
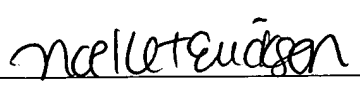
FOR: SCINTILLATOR GEOMETRY FOR ENHANCED )  
RADIATION DETECTION AND REDUCED ERROR )  
SENSITIVITY )

)  
) Group Art Unit: 2878  
)  
) Examiner: C. Sung  
)  
) Confirmation No. 5121

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

In response to the Office Action mailed December 14, 2004 in regard to the above Patent Application, Applicants request reconsideration of the claims in view of the following amendments and remarks.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>GEM-0038/122667</b>	
Applicant(s): <b>ABDELAZIZ IKHLEF</b>					
Application No. <b>10/064,590</b>	Filing Date <b>7/29/2002</b>	Examiner <b>CHRISTINE SUNG</b>	Customer No. <b>23413</b>	Group Art Unit <b>2878</b>	Confirmation No. <b>5121</b>
Invention: <b>SCINTILLATOR GEOMETRY FOR ENHANCED RADIATION DETECTION AND REDUCED ERROR SENSITIVITY</b>					
 <b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	26 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>07-0845</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>JANUARY 14, 2005</b>		
<b>Troy J. LaMontagne</b> <b>Registration No. 47,239</b> <b>Cantor Colburn LLP</b> <b>55 Griffin Road South</b> <b>Bloomfield, CT 06002</b> <b>Telephone (860) 286-2929</b> <b>Customer No. 23413</b>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>JANUARY 14, 2005</b> _____ (Date)   _____ Signature of Person Mailing Correspondence  <b>NOELLE T. ERICKSON</b> _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					